

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11-15

FILED JAN 2 1950

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>215</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>7 Hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		6491	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Route #4</u>			
3. NAME OF DECEASED (Type or Print) <u>Margaret</u>		a. (First) <u>Louise</u>		c. (Last) <u>SANDERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Nov. 27, 1886</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>64</u>		IF UNDER 1 YEAR Days <u>64</u>		IF UNDER 1 YEAR Hours <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Mexico, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clayton R. Lupton</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Clarkson</u>		14. NAME OF HUSBAND OR WIFE <u>- -</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Glenn Metcalf</u> ADDRESS <u>Route #4 Carthage, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3rd degree burns, 80% of body</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>  <u>29/160</u> <u>16</u>	
21a. ACCIDENT (Specify) <u>SMOKING accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthage Jasper Missouri</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 18 '50, 12</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Smoking in bed, bed caught on fire</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 18, 1950</u> , to <u>Dec. 19, 1950</u> , that I last saw the deceased alive on <u>Dec. 19, 1950</u> , and that death occurred at <u>8:05 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank H. Pinner</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Carthage, Missouri</u>		23c. DATE SIGNED <u>12/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-19-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>C. R. Lupton &amp; Sons</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis 5, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-19-50</u>		REGISTRAR'S SIGNATURE <u>R. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u>		ADDRESS <u>Carthage, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-29-50  
Jasper County Health Office

County File Number 50/12/910

Date Filed 12-29-50

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed \_\_\_\_\_

Licensed Embalmer No. 4731

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.